

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN THE CASE OF US V.S. ANGEL GONZALEZ

FOR AT

LOCATION NUMBER                     

PERSON REPRESENTED (Show your full name)                     

CHARGE/OFFENSE (describe if applicable & check box →) 21 USC 846

☒ Felony  
☐ Misdemeanor

1 ☒ Defendant—Adult  
2 ☐ Defendant - Juvenile  
3 ☐ Appellant  
4 ☐ Probation Violator  
5 ☐ Parole Violator  
6 ☐ Habeas Petitioner  
7 ☐ 2255 Petitioner  
8 ☐ Material Witness  
9 ☐ Other

DOCKET NUMBERS  
Magistrate                       
District Court                       
Court of Appeals                     

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

**EMPLOYMENT**

Are you now ☐ Yes ☒ No ☐ Am Self-Employed

Name and address of employer:                     

IF YES, how much do you earn per month? \$                      IF NO, give month and year of last employment                     

How much did you earn per month? \$                     

If married is your Spouse employed? ☐ Yes ☐ No

IF YES, how much does your Spouse earn per month? \$                      If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$                     

**ASSETS**

**OTHER INCOME**

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☐ No

IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES

RECEIVED                      SOURCES                     

**CASH**

Have you any cash on hand or money in savings or checking accounts? ☐ Yes ☐ No IF YES, state total amount \$                     

**PROPERTY**

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☐ No

IF YES, GIVE THE VALUE AND \$ DESCRIBE IT

VALUE                      DESCRIPTION                     

**OBLIGATIONS & DEBTS**

**DEPENDENTS**

MARITAL STATUS ☒ SINGLE ☐ MARRIED ☐ WIDOWED ☐ SEPARATED OR ☐ DIVORCED

Total No. of Dependents                     

List persons you actually support and your relationship to them                     

**DEBTS & MONTHLY BILLS**

(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CREDIT ACCOUNTS, ETC.)

APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)Angel M. Gonzales